

# *RESPECT-Mil*

*(Re-Engineering Systems of Primary Care Treatment in the Military)*

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## FIRST-STEP System:

### Electronic Case Management

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Program Development and Training

SAVANNAH, GA 14 – 16 JUNE 2010



# FIRST-STEPS...

★ Fast Informative Risk & Safety Tracker

and

★ Stepped Treatment Entry & Planning System

# FIRST-STEPS...

- ★ Designed specifically for use by RESPECT-Mil Nurse Care Facilitators and staffing Psychiatrists
- ★ Tracks individual patient progress overtime relative to depression and/or PTSD as managed through Primary Care
- ★ Flags cases with elevated risk levels for suicide and those not progressing toward remission
- ★ Is HIPAA compliant and resides on USAMITC server

# Tracking Patient Progress...

GOAL: Remission from depression/PTSD

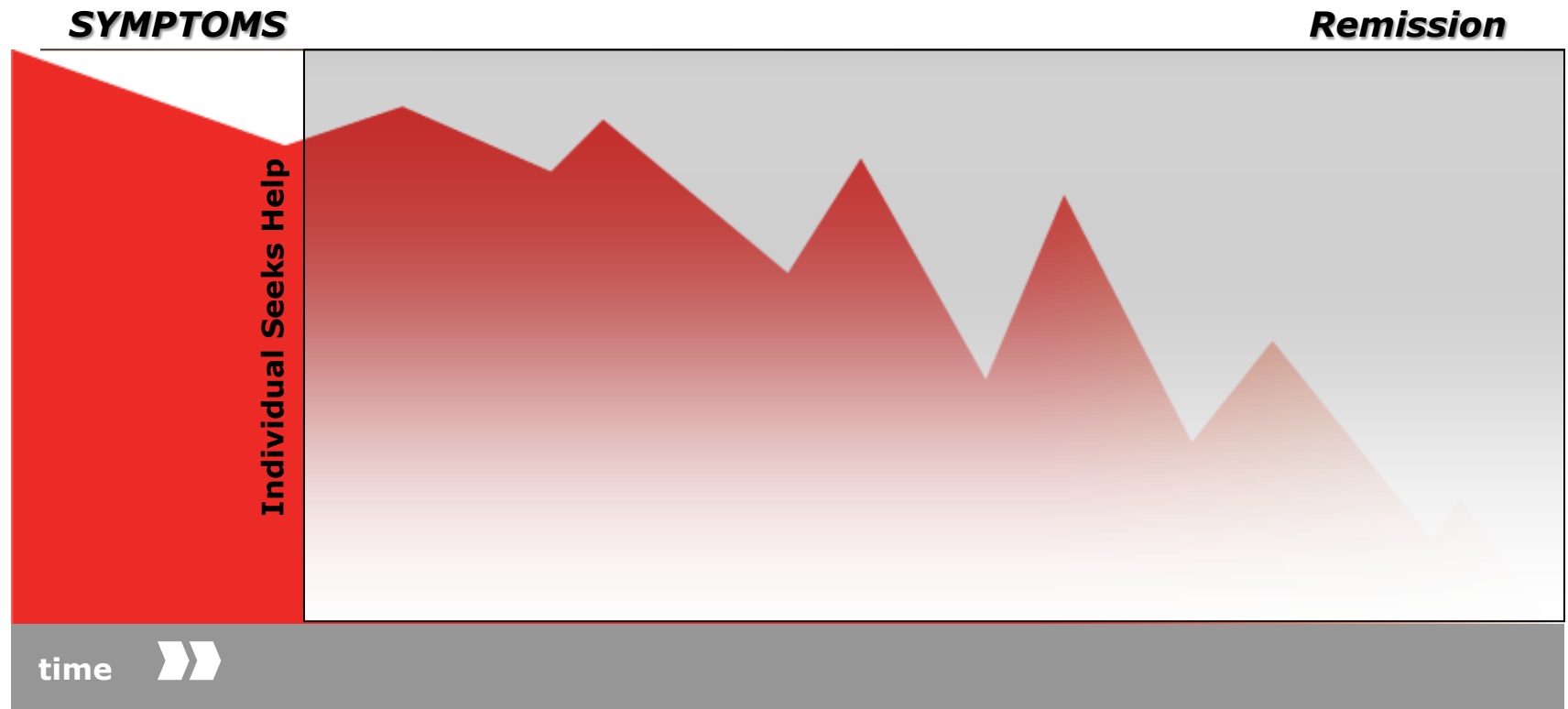
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A red area chart representing patient progress over time. The chart shows a series of peaks and valleys, indicating fluctuating levels of progress. The overall trend is downward, starting from a high point on the left and ending at a lower point on the right. The area under the line is filled with a solid red color. The chart is set against a white background with a horizontal axis at the bottom.

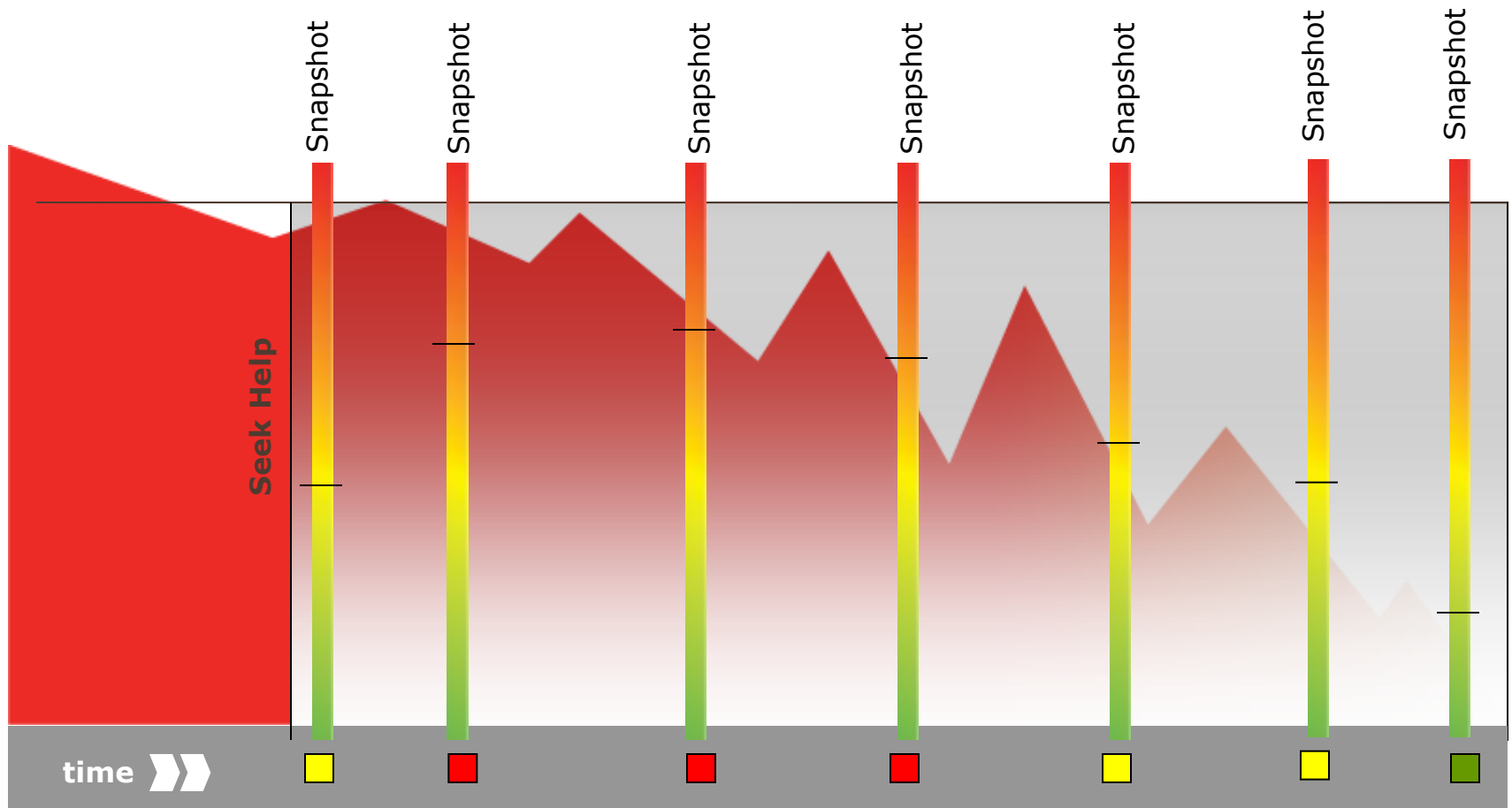
**The patient's progress toward remission from depression or PTSD will fluctuate over time.**

Time >>>

An Episode of care is the period of time when the Care Facilitator must *review*, *manage* and *monitor* the health of the patient.



# Care Facilitator telephonic contacts collect Snapshots of information



# Care Facilitation Process

- ★ Initial contact at 1 week
- ★ Follow up contacts at 4 week intervals to monitor progress via PHQ-9 and PCL
- ★ Prepare for weekly Case Staffing with Psychiatrist
  - ★ Staff cases with the Psychiatrist based on 'rules' – acuity, lack of progress, SI risk, lack of engagement, etc.

# Cases for Staffing Review

- ★ New cases with any level of SI risk
- ★ Any active case where Facilitator documents any level of SI
- ★ Cases without a  $\geq 5$  point drop in score over each 4 week interval
- ★ Cases with significant barriers to treatment adherence (e.g., side effects, waiting lists, etc.)
- ★ Cases of Remission
- ★ Cases that go inactive – PCS, ETS, Transfer, nonparticipation, etc.



# Automation of Management & Monitoring

# Opening a New Episode

NEW SNAPSHOT FOR:

Nick Oftime

Summary

Profile

Created By: Sheila Barry

Opening Date of  
Snapshot: 13 Mar 2009

Groups: Groups in the current workflow.

General Concern

Medication Non-Adherence

Counseling Non-Adherence

Self Management Concern

Case Status

Optional groups that can be included in this and all future snapshots. [\(Select ALL groups\)](#)

☒ PCL

☒ PHQ-9

Optional groups that can be included in this snapshot only.

☒ AUDIT-C

☒ MDQ

☒ Suicide Staffing

Interview Type: Select...

List all sources of  
information used to  
gather information  
for this snapshot:

Select...

Consultation

Email

Face to Face

Initial Referral

Other

Telephonic

# Initiating a New Snapshot

**Home** **Resources** **Contact** **Help** **Logout** **PBRMS**

Select Individual > Open/Recent PREs **A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL** Search New Individual

**PRE Work Flow**  
Collect Information

General Concern  
Medication Non-Adherence  
Counseling Non-Adherence  
Self Management Concern  
**PHQ-9**  
Case Status

Estimate  
Snapshot Estimate

Management  
Contact Information  
Scheduling  
Medication  
Counseling

**SUMMARY FOR:** **Jane Snuffy - 333-33-3333** Profile

**Episodes:** New Episode Print Preview

**Episode is OPEN and waiting for input.**

Episode/Product	Created	Closed	Estimate
First Steps Syste...	15 Aug 09 - 09:58	Open (User 21)	

Close

**Snapshots:** New Snapshot Print Worksheet Summary Report

Snapshots in Selected Episode:

Created	Estimate	PHQ-9 Severity Score	PCL Severity Score
15 Aug 09 - 10:20	Low	10	NA
15 Aug 09 - 10:12	High	15	NA
15 Aug 09 - 10:06	High	21	NA
15 Aug 09 - 09:58	Moderate	17	NA

+ Show Graph

# Medication List and Tracking...

[Home](#) | [Resources](#) | [Contact](#) | [Help](#) | [Logout](#) | **PBRMS**

Select Individual > | [Open/Recent PREs](#) | [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) [ALL](#) | [Search](#) | [New Individual](#)

**PRE Work Flow**  
*Collect Information*  
[General Concern](#)  
[PHQ-9](#)  
[Self Management Concern](#)  
[PCL](#)  
[Case Status](#)  
*Estimate*  
[Snapshot Estimate](#)  
*Management*  
[Contact Information](#)  
[Scheduling](#)  
[Medication](#)  
[Counseling](#)  
[Management Plan](#)

## Medication

Test Friday | [Summary](#) | [Profile](#)

**Medication saved.**

New Entry

Medication:

Dose:  mg.

Prescribe Date:

Change Date:

Change Type:

Comments:

[Save](#)

View Entries | [Current](#) | [Archived](#) | [Error](#)

Archive?	<a href="#">Medication:</a>	<a href="#">Dose:</a>	<a href="#">Prescribe Date:</a>	<a href="#">Change Date:</a>	<a href="#">Change Type:</a>	<a href="#">Comments:</a>	<a href="#">Entered By:</a>	Error?
<input type="checkbox"/>	Prozac® (fluoxetine)	40	2/1/2009	3/3/2009	Increase Dosage	Pt. did increase as instructed	Sheila Barry (13 Mar 09)	<input type="checkbox"/>
<input type="checkbox"/>	Prozac® (fluoxetine)	20	2/1/2009	2/4/2009	Start Med		Sheila Barry (13 Mar 09)	<input type="checkbox"/>

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# Medication List and Tracking...

**Home** | **Resources** | **Contact** | **Help** | **Logout** | **PBRMS**

Select Individual > Open/Recent PREs A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL Search New Individual

**PRE Work Flow**  
Collect Information

General Concern

PHQ-9

Self Management Concern

PCL

Case Status

Estimate

Snapshot Estimate

Management

Contact Information

Scheduling

Medication

Counseling

Management Plan

**Medication** Test Friday Summary Profile

Medication saved.

New Entry

Medication:  Save

Dose:

Prescribe Date:

Change Date:

Change Type:

Comments:

View Entries

Archive? ☐ Medication

☐ Prozac® (fluoxetine)

☐ Prozac® (fluoxetine)

Effexor® (venlafaxine)  
Escitalopram (generic)  
Escitalopram (Lexapro®)  
Eszopiclone (generic)  
Eszopiclone (Lunesta®)  
Fluoxetine (generic)  
Fluoxetine (Prozac®)  
Fluoxetine (generic)  
Fluoxetine (Prolixin®)  
Geodon® (ziprasidone HCL)  
Haldol® (haloperidol)  
Haloperidol (generic)  
Haloperidol (Haldol®)  
Hydroxyzine (Atarax®)  
Hydroxyzine (generic)  
Hydroxyzine (generic)  
Hydroxyzine (Vistaril®)  
Hypovase® (prazosin)  
Klonopin® (clonazepam)  
Lexapro® (escitalopram)  
Lorazepam (Ativan®)  
Lorazepam (generic)  
Lunesta® (eszopiclone)  
Minipress® (prazosin)  
Mirtazapine (generic)  
Mirtazapine (Remeron®)  
Navane® (thiothixene)  
Norpramin® (desipramine)  
Nortriptyline (Aventyl®)  
Nortriptyline (generic)

Error

Change Date:	Change Type:	Comments:	Entered By:	Error?
2009	Increase Dosage	Pt. did increase as instructed	Sheila Barry (13 Mar 09)	<input type="checkbox"/>
2009	Start Med		Sheila Barry (13 Mar 09)	<input type="checkbox"/>

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# Counseling List and Tracking

Home

Resources

Contact

Help

Logout

PBRMS

Select Individual > Open/Recent PREs A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL Search New Individual

PRE Work Flow

Collect Information

General Concern

Medication Non-Adherence

Counseling Non-Adherence

Self Management Concern

Case Status

Suicide Staffing

Estimate

Snapshot Estimate

Management

Contact Information

Scheduling

Medication

Counseling

Management Plan

Counseling

Nick Offtime

Summary

Profile

Counseling saved.

New Entry

Type:

Change Date:

Change Type:

Comments:

Save

View Entries

Current

Archived

Error

Archive?	Type:	Change Date:	Change Type:	Comments:	Entered By:	Error?
<input type="checkbox"/>	Military One Source	3/2/2009	Start Counseling		Sheila Barry (13 Mar 09)	<input type="checkbox"/>

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# Counseling List and Tracking

**Home**   **Resources**   **Contact**   **Help**   **Logout**   **PBRMS**

Select Individual >   Open/Recent PREs   A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL   Search   New Individual

**PRE Work Flow**  
Collect Information

General Concern

Medication Non-Adherence

Counseling Non-Adherence

Self Management Concern

Case Status

Suicide Staffing

Estimate

Snapshot Estimate

Management

Contact Information

Scheduling

Medication

Counseling

Management Plan

**Counseling**   Nick Offtime   Summary   Profile

New Entry

Type: \_\_\_\_\_

Change Date: \_\_\_\_\_

Change Type: \_\_\_\_\_

Comments: \_\_\_\_\_

View Entries ☐

Archive? ☐ [Type](#)

Save

Army Community Services  
Chaplain/Religious  
Cognitive Behavioral Therapy (group)  
Cognitive Behavioral Therapy (individual)  
Cognitive Processing Therapy (group)  
Cognitive Processing Therapy (individual)  
Couples and/or Family Therapy  
Eye Movement Desensitization and Reprocessing  
Family Advocacy Program  
Military One Source  
Primary Care Based Counselor or Therapist  
Prolonged Exposure Therapy (group)  
Prolonged Exposure Therapy (individual)  
Psychodynamic therapy (group)  
Psychodynamic therapy (individual)  
Substance Abuse Program  
Unspecified therapy or counseling (group)  
Unspecified therapy or counseling (individual)

Comments:   Entered By:   Error?

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# Ten Modules to Monitor Progress and Safety

1. General Concern
2. Medication Non-Adherence
3. Counseling Non-Adherence
4. Self-Management Concern
5. PHQ-9
6. PCL
7. MDQ
8. Audit-C
9. Suicide Staffing
10. Case Status



# Ten Modules to Monitor Progress and Safety

The screenshot displays the PBRM (Patient-Based Risk Management) web application. The top navigation bar includes links for Home, Resources, Contact, Help, Logout, and PBRM. Below this is a search bar with 'Select Individual >' and 'Open/Recent PREs' tabs, followed by an alphabetical index (A-Z) and an 'ALL' option. The left sidebar, titled 'PRE Work Flow', lists various modules: Collect Information, General Concern, Medication Non-Adherence, Counseling Non-Adherence, Self Management Concern, PHQ-9, PCL, MDQ, AUDIT-C, Suicide Staffing, Case Status, Estimate, Snapshot Estimate, Management, Contact Information, Scheduling, Medication, Counseling, and Management Plan. A pink bracket highlights the first six modules under 'Collect Information'. The main content area is titled 'COLLECT DATA ON GENERAL CONCERN' and includes buttons for 'Nick Offtime', 'Summary', and 'Profile'. A 'Retrieve Last Saved Answer' link is also present. The form contains three numbered questions with corresponding color-coded response options (green for positive/yes, red for negative/no, and gray for unknown). Each question has a 'Hint +' button and a 'Notes' section with an 'Add' button.

**Home** Resources Contact Help Logout **PBRM**

Select Individual > Open/Recent PREs A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL Search New Individ

**PRE Work Flow**  
Collect Information

General Concern

Medication Non-Adherence

Counseling Non-Adherence

Self Management Concern

PHQ-9

PCL

MDQ

AUDIT-C

Suicide Staffing

Case Status

Estimate

Snapshot Estimate

Management

Contact Information

Scheduling

Medication

Counseling

Management Plan

**COLLECT DATA ON GENERAL CONCERN** Nick Offtime Summary Profile

[Retrieve Last Saved Answer](#)

**Instructions:**

- Go to the *Manage* navigation button and review prior information including *Contact Log* and *Management Plan*
- Throughout the interview maintain a focus on connecting and helping the patient.
- The electronic questions are simply a tool to find out how the patient is doing.

1. Since you were referred (or we last spoke) HOW HAVE YOU BEEN FEELING? [Hint +](#)

☐ Much Better ☐ Somewhat Better ☐ About the Same ☐ Somewhat Worse ☐ Much Worse ☐ Unknown

**Notes**  
[Add](#)

2. Has ANYTHING RECENTLY CHANGED in your life which may impact your health? [Hint +](#)

☐ Yes Change for the Better ☐ No Change ☐ Yes Change for the Worse ☐ Unknown

**Notes**  
[Add](#)

3. **If this is the initial call ask:** Since you were referred to talk to me have you talked to a primary care provider?  
**Any subsequent call ask:** Since we last spoke have you talked to a primary care provider? [Hint +](#)

☐ Yes ☐ No ☐ Unknown

# Automated PCL and PHQ-9 for Symptom Monitoring

Home	Resources	Contact	Help	Logout	PBRMS
Select Individual >	Open/Recent PREs	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL			Search New Individual
<b>PRE Work Flow</b> Collect Information General Concern Medication Non-Adherence Counseling Non-Adherence Self Management Concern PHQ-9 PCL Suicide Staffing Case Status Estimate Snapshot Estimate Management Contact Information Scheduling Medication Counseling Management Plan	<b>COLLECT DATA ON PCL</b> <div>Check Check Summary Profile</div> <div> Retrieve Last Saved Answers</div> <p><b>Instructions:</b> I'm going to ask you some questions about a list of problems and complaints that people sometimes have in response to stressful life experiences. DURING THE LAST MONTH, HAVE YOU BEEN BOTHERED BY... If the response is "No", mark "Not At All" and proceed to the next item. If the answer is "Yes", then read the rating scale and mark the correct cell.</p> <div><div>1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?</div><div><div>Hint +</div><div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div>Not At All A Little Bit Moderately Quite a Bit Extremely Unknown</div></div></div><div><div>2. Repeated, disturbing dreams of a stressful experience from the past?</div><div><div>Hint +</div><div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div>Not At All A Little Bit Moderately Quite a Bit Extremely Unknown</div></div></div><div><div>3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?</div><div><div>Hint +</div><div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div>Not At All A Little Bit Moderately Quite a Bit Extremely Unknown</div></div></div><div><div>4. Feeling very upset when something reminded you of a stressful experience from the past?</div><div><div>Hint +</div><div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div>Not At All A Little Bit Moderately Quite a Bit Extremely Unknown</div></div></div></div></div></div></div>				

# Suicide Risk Module

1.

So you've told me that you've had thoughts that you would be better off dead. Have you actually had some thoughts of hurting yourself in some way?

Hint +

If patient answers "No" answer ONLY questions 3 and 4 and continue to the next screen.



No - Ask 3 and 4    Yes - Ask ALL    Unknown

Notes

 [Add](#)

2.

Have you made any plans or considered a METHOD that you might use to harm yourself?

Hint +

If "Yes" then ask, Please be specific about these plans or methods you have considered.



No    Yes    N/A

Notes

 [Add](#)

3.

Have you EVER ATTEMPTED to HARM YOURSELF?

Hint +

If "Yes" then ask, When was this? What happened?



No    Yes    Unknown

Notes

 [Add](#)

4. SOME people who think about suicide actually go on to hurt themselves. Is there any chance you might actually make an attempt to harm yourself in the near future?

Hint +

If "Yes" then ask, Can you be specific about how you might do this?



No

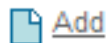


Yes



Unknown

Notes



Add

5. In the past month, have you TOLD ANYONE that you were going to commit suicide, or THREATENED that you might do it?

Hint +

If "Yes" then ask, Who have you told and what have you said to them?



No



Yes



N/A

Notes



Add

6. Do you think there is any risk that you MIGHT HURT YOURSELF BEFORE YOU SEE YOUR PROVIDER the next time?

Hint +

If "Yes" then ask, What do you think you might do?



No

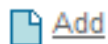


Yes



N/A

Notes



Add

# Staffing Urgency Guidance

COLLECT DATA ON SUICIDE  
STAFFING

Friday 27 March (Check) - 123-55-  
4321

Summary

Profile

Please Enter Your Estimate or  [Retrieve Last Saved Answers](#)

The indicator below is based on the patient's responses to the suicide questions. "Suicide Staffing" is the TIME you have until you MUST PRESENT this patient to your behavioral health champion. You may upgrade the suicide staffing according to your judgment, but you may not downgrade it. **EMERGENCY** is defined as "Suicide attempt is imminent or in process." Select the appropriate cell.

		Recommended	
		Current	
Usual	A Week	A Duty Day	Emergency

## Notes

 [Add](#)

+ [27 Mar 09](#) - Please shorten the 2nd sentence to: "Suicide Staffing" is the TL...

Save and Continue

Save and Add Group

# Nurse's Level of Concern

Home

Resources

Contact

Help

Logout

PBRMS

Select Individual > Open/Recent PREs A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL Search New Individual

PRE Work Flow

Collect Information

General Concern

Counseling Non-Adherence

Medication Non-Adherence

PHQ-9

Self Management Concern

Case Status

Estimate

Snapshot Estimate

Management

Contact Information

Scheduling

Medication

Counseling

Management Plan

FINAL ESTIMATE FOR:

Ffff Jjj

Summary

Profile

The final estimate has NOT been made for this snapshot

You made the following estimates:

Category	First	Previous	Current
General Concern	Moderate	Moderate	
Medication Non-Adherence	NA	NA	
Counseling Non-Adherence	Moderate	Moderate	
Self Management Concern	NA	NA	
PHQ-9	Unknown	Unknown	
Suicide Staffing	NA	NA	NA
Case Status	NA	NA	

Based on the information obtained from the above Factor Groups, please rate the level of concern you have for this patient.

Low

Moderate

High


Closing Date of Snapshot: 13 Mar 2009

Notes

Add

WARNING: You will NOT be able to edit any categories after you close this snapshot.

Save and Continue



# Staffing and Management Notes

Select Individual >

Open/Recent PREs

ABCDEFGHIJKLMNOPQRSTUVWXYZ ALL

Search

New Individual

PRE Work Flow

Collect Information

General Concern

Medication Non-Adherence

Counseling Non-Adherence

Self Management Concern

PHQ-9

PCL

Suicide Staffing

Case Status

Estimate

Snapshot Estimate

Management

Contact Information

Scheduling

Medication

Counseling

Management Plan

Management Plan

Print Preview

Check Check

Summary

Profile

A Snapshot is currently open for this Episode. Mandatory items for the current open Snapshot will not appear until you complete the [Snapshot Estimate](#) and close the Snapshot.

Current

BHS Staffing Dates:

Add Note

13 Mar 09

Created by Sheila Barry, 15:50

Reviewed - no changes required at this time.

Care Facilitator Staffing Notes:

Add Note

13 Mar 09

Created by Sheila Barry, 15:51

Patient has been active with self-managment to improve sleep. Medication is taken as prescribed with no side effects.

AHLTA Notes:

Add Note

Required

PRN Contact:

Add Note


Required

REMINDER: Send patient the RESPECT-Mil PATIENT SATISFACTION QUESTIONNAIRE at the conclusion of the program.

RESPECT-Mil Patient Satisfaction Questionnaire

Add Note

Required



RESPECT-Mil

# Patient Review Based on Acuity of Risk and/or Illness

Home

Resources

Contact

Help

Logout

PBRMS

Select Individual >

Open/Recent PREs

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL

Search

New Individual

Acuity

Case Closure

Call Schedule

Caseload

Closed Cases

MY VIEW | UNIT VIEW

Print Preview

Unit	Name	Suicide Staffing	Facilitator Concern	Deployers	Tx Non-Reponse	Last Staffing Date	Last Contact
Schofield Barracks	Anderson, Jeff	A Duty Day	High	Not Deploying	Yes	25 Feb 09	25 Feb 09
Fort Hood	April, Test	Unknown	Moderate	30-60 Days	No		25 Apr 08
Beta Fort Bliss	Bb, Be	Usual	Moderate	60-90 Days	No	2 Oct 08	2 Oct 08
Germany 2	Bbbbbbbbbb, Bbbbbbb	Usual	High		No	10 Oct 08	10 Oct 08
Germany 1	Braxton, Bruce	Emergency	High		No		12 Aug 08
Fort Campbell	Brinkerhoff, Lance	Usual	Moderate	60-90 Days	No		13 Nov 08
Beta Fort Stewart	Bunny, Bugs	A Week	Low	Not Deploying	No		31 Oct 08
Beta Fort Stewart	Fee, Fe	Usual	Low	30-60 Days	No	31 Oct 08	27 Oct 08
Schofield Barracks	Gracen, Larry	Usual	Moderate	Not Deploying	Yes		30 Oct 08
Beta Fort Bliss	Harry, Dirty	A Duty Day	High	Not Deploying	No		20 Oct 08
Germany 2	Hatch, Richard	A Week	Unknown		No		19 Apr 07
Fort Stewart - Tuttle	Highspeed, Allen	Usual	High	Not Deploying	No		12 Aug 08



# Staffing Drill Down

## Collect Information

General Concern

Medication Non-Adherence

Counseling Non-Adherence

Self Management Concern

PHQ-9

Case Status

## Estimate

Snapshot Estimate

## Management

Contact Information

Scheduling

Medication

Counseling

Management Plan

## SUMMARY FOR:

Jane Snuffy - 333-33-3333

Profile

## Episodes:

New Episode

Print Preview

Episode is OPEN and waiting for input.

Episode/Product	Created	Closed	Estimate
First Steps Syste...	15_Aug 09 - 09:58	Open (User 21)	



Close

## Snapshots:

New Snapshot

Print Worksheet

Summary Report

Snapshots in Selected Episode:

Created	Estimate	PHQ-9 Severity Score	PCL Severity Score
15_Aug 09 - 10:20	Low	10	NA
15_Aug 09 - 10:12	High	15	NA
15_Aug 09 - 10:06	High	21	NA
15_Aug 09 - 09:58	Moderate	17	NA

+ Show Graph

Selected Snapshot:

Category	First	Previous	Current
<b>Date:</b>	15 Aug 09 - 09:58	15 Aug 09 - 10:12	15 Aug 09 - 10:20
<b>Overall Estimate</b>	Moderate	High	Low
General Concern	NA	Moderate	Low
Medication Non-Adherence	NA	Moderate	Low
Counseling Non-Adherence	NA	Moderate	Moderate
Self Management Concern	NA	Low	Low
PHQ-9	15-19	15-19	10-14
PHQ-9 Symptom Count	7	7	3
PHQ-9 Severity Score	17	15	10
Impairment Question	2	1	1
Suicide Staffing	Usual	A Duty Day	Usual
Case Status	NA	No Flag	No Flag

# Graphing to View Progress

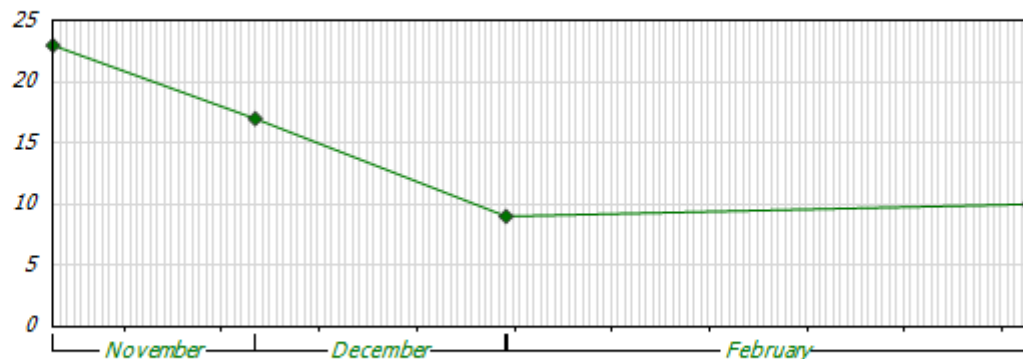
Scheduling

Medication

Counseling

Management Plan

Historical Graph for: - PHQ-9 Severity Score



Selected Snapshot:

Category	First	Previous	Current
<b>Date:</b>	6 Nov 08 - 14:59	25 Feb 09 - 15:51	5 Mar 09 - 15:55
<b>Overall Estimate</b>	High	Low	
General Concern	Moderate	High	Low
Medication Non-Adherence	High	Moderate	
Counseling Non-Adherence	High	High	
Self Management Concern	Low	Moderate	
PHQ-9	20-27	15-19	10-14
PHQ-9 Symptom Count	9	7	6
PHQ-9 Severity Score	23	17	14


# Case Closure Based on Clinical status and Program Guidelines

<a href="#">Home</a>	<a href="#">Resources</a>	<a href="#">Contact</a>	<a href="#">Help</a>	<a href="#">Logout</a>	<b>PBRMS</b>					
<a href="#">Select Individual &gt;</a>		<a href="#">Open/Recent PREs</a>		<a href="#">A</a> <a href="#">B</a> <a href="#">C</a> <a href="#">D</a> <a href="#">E</a> <a href="#">F</a> <a href="#">G</a> <a href="#">H</a> <a href="#">I</a> <a href="#">J</a> <a href="#">K</a> <a href="#">L</a> <a href="#">M</a> <a href="#">N</a> <a href="#">O</a> <a href="#">P</a> <a href="#">Q</a> <a href="#">R</a> <a href="#">S</a> <a href="#">T</a> <a href="#">U</a> <a href="#">V</a> <a href="#">W</a> <a href="#">X</a> <a href="#">Y</a> <a href="#">Z</a> <a href="#">ALL</a>					<a href="#">Search</a>	<a href="#">New Individual</a>

## Case Closure

[Acuity](#)
[Case Closure](#)
[Call Schedule](#)
[Caseload](#)
[Closed Cases](#)

MY VIEW | [UNIT VIEW](#)

 [Print Preview](#)

Facilitator	Unit	Name	Admin Case Status Change	Clinical Case Status Change	Other Case Status Change	Unscheduled or Past Due Follow Up	Six Months Program Checkup	Low PHQ-9	Low PCL
Barry, Sheila	Beta Fort Stewart	<a href="#">X, V</a>	X			X	X		
Barry, Sheila	Fort Stewart - Tuttle	<a href="#">Highspeed, Allen</a>	X		X		X		
Barry, Sheila	Beta Fort Stewart	<a href="#">Pan, Peter</a>				X	X		
Barry, Sheila	Germany 2	<a href="#">Oftime, Nick</a>			X		X		
Barry, Sheila	Germany 1	<a href="#">November, Ten</a>				X	X		
Barry, Sheila	Germany 2	<a href="#">B, S</a>					X		
Barry, Sheila	Fort Campbell	<a href="#">Charles, Ronald</a>					X		
Barry, Sheila	Fort Stewart - Tuttle	<a href="#">Friday, Test</a>					X		
Barry, Sheila	Beta Fort Bliss	<a href="#">Moody, Maude M</a>					X		

Respect Mil Demo

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# Summary...

- ★ Designed specifically for use by RESPECT-Mil Nurse Care Facilitators and staffing Psychiatrists
- ★ Tracks individual patient progress overtime relative to depression and/or PTSD as managed through Primary Care
- ★ Flags cases with elevated risk levels for suicide and those not progressing toward remission
- ★ Is HIPAA compliant and resides on USAMITC server

# Questions & Answers